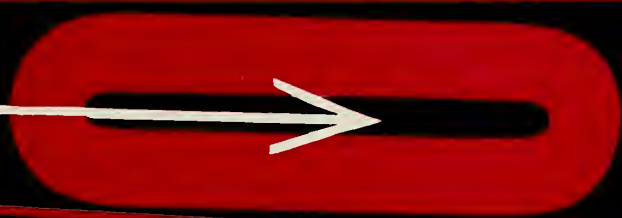


# HARVARD MEDICAL Alumni Bulletin

admission



Fall, 1965

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*The opinions of contributors to the Bulletin do not  
necessarily reflect those of the Editorial Staff.*



# LETTERS

## The Tranquil Years

To the Editor:

When I think about the years spent in the Harvard Medical School and hospital, embracing the period 1911 to 1917, I am impressed with the remarkable silence prevailing among instructors about the individual person as a person, as a member of a family, as a social unit. Yet, this was the objective we had in mind when we came to study medicine and became involved in a strange new world.

I did not become fully aware of people as people until faced, rather suddenly, with what to do for the treatment and disposition of soldiers in World War I. This began for me on June 1, 1917, at Camiers, France, in Base Hospital 5, serving with the British Army. The diagnosis of injury and disease was usually not difficult. But who, after all, was Private Smith; how long had he been out; who had been left behind — mother, wife, children, sweetheart — what of his experiences in the war, his worries, his hopes, his faith? Having learned something about these matters, the soldier then became a person, with anxieties, longings, aspirations. Above all, I learned of his great concern about his present dilemma. Awareness of the importance of the present problems of the patient is the greatest clinical lesson I have learned when considering possible means of therapy.

It is probable that this lesson can only be learned through experience. Freud had lectured at Clark University in 1909, but our interests in psychiatry, of which we had little, were directed to the affairs of the insane. A great awakening has since followed, but we have continued in large measure our neglect of the study of man, the whole man, the individual man.

As students we were constantly pressed in our endeavors to master the countless details introducing us to a world hitherto unknown. Furthermore, we were unaware of affairs outside of the medical school and hospital. Social and community problems were of little concern, especially since we heard little of these in lectures or clinics. It is true that in 1905, at the instigation of Richard Cabot, two social workers were installed in the outpa-

tient department of the Massachusetts General Hospital. Hospitals in general were more or less unobtrusively caring for many types of personal problems both in hospital and at home but in our instruction, little emphasis was placed upon this aspect of human need.

Since then, rapid changes have brought the concerns of man, what he is and what he may become, into the teaching atmosphere almost from the first day in medical school. In late years, however, the question is frequently raised whether the term "research" may not now be displacing some vital clinical interests. New concepts are leading to the disappearance of the family physician, as no longer competent to follow the paths long honored by basically unchanged human needs.

In retrospect, the medical school of our day was small as to staff and budget. There were no dormitory accommodations for students. The faculty had very few full-time men, and there was no full-time dean until the advent of Dr. Edsall in 1924. A few men in the medical school and hospitals were doing research on an individual basis, at desk or bench, without benefit of what has since become known as a Budget. Among these were Folin, Cannon, Karsner at the Medical School, Wright, Henderson, Means and Palmer at the Massachusetts General, and Mallory at Boston City Hospital. Then, any man found to be interested in real research was thought to be a bit queer; today, in the absence of flair, geist, or aptitude, dollars by the billion lure men into the new world of "research."

Of our teachers, only Roger Lee, James Means and Howard Karsner are living. Space does not permit mention of all the remarkable men of the faculty. They were men of high morals, great devotion, and of learning beyond anything we could hope to achieve. Cushing adjured us often not to marry until we had shown that we could paddle our own canoe. One dreamy afternoon in histology, as one of our classmates hummed over his microscope, Duffy Lewis exclaimed, "The poet says give me the man who sings at his work, and I say the poet can

have him!" The hum ceased. Councilman could fall asleep while lecturing and on awakening automatically exclaim, "Show the next, William." Joslin, after a detailed discussion on the treatment of diabetic coma in our third year, concluded with the remark, "Gentlemen, as for me, give me one look at the patient." We were then too inexperienced to appreciate the significance of this sentiment. Bunny Minot, in his concluding lecture on the human face, predicted that in a hundred years Christian Science would be as extinct as the art of phrenology. On rounds at the MGH, Richard Cabot's diagnoses were apt to be based on statistics, those of Lee by the smell of things, and those of Big Bill Smith through historical details regarding symptoms, and his physical examinations from hair to toenails. J. Homer Wright, discoverer of the origin of blood platelets, maker of a famous stain, after listening to an ardent conversation exclaimed, "My God, I don't understand this quest for knowledge;" yet his own curiosity remained high to the end of his life.

During the four years spent in the Medical School, I realize now that I had no diagnostic or prognostic skill with reference to divining the future careers of my classmates. We had developed a reputation for being a noisy, rowdy group, but beneath this superficial skin lay a sense of devotion to a great purpose I have seldom met since. Later years found us well represented in every field of medicine, many interested in teaching, and a few in research.

Our time at Harvard Medical School was spent in the last of the tranquil years. Shortly we were involved in World War I, and ever since, the world has known more unrest than tranquility. Withal, the history of each member of our class demonstrates that we were well prepared by Harvard to deal with changing concepts and responsibilities in a troubled society, the future of which looms more and more uncertain. But hopefully, the pendulum will yet swing into an era of greater human understanding.

ARLIE V. BOCK '15  
Harvard, Mass.

# EDITORIAL

## A Hidden Correlation

**T**HERE are important trends now alive working to improve the image of medicine. Two articles in this issue of the *Bulletin* focus on these trends — the article on admission policy at Harvard Medical School today; and Dr. Roger Bulger's article on depersonalization in present day medicine.

How do these relate to the image of medicine and is there a correlation between them?

Reading between the lines in the admission article, one gathers that Harvard's policy has broadened considerably in recent years. High marks and brilliance in the sciences are not alone sufficient to warrant entrance into the School. Today, breadth of character and motivation are even more important than ever. Inherent in these traits is a better understanding of man and his needs and the needs of his community.

Dr. Bulger's article points a critical finger at the depersonalization that has developed in medicine. Medicine in becoming less personal has become less a significant warmth in the community. By reciprocity, if nothing else, the community has lost its feeling of warmth for medicine. The doctor no longer plays the same personal role in society that he once did. And Bulger implies that medicine in the recent past has lost applicants to its profession in part because of this loss of personal contact with the community of humans.

Harvard's graduates are not entirely exempt from this critique. Harvard's medical students are a diversified group who at the end of four years enter a wide variety of medical fields. It is true that some make their contribution to the community directly in clinical practice; and others, indirectly through teaching or by handing on to the community, the fruits of their research efforts in the laboratory. But we need a still stronger personal bridge between those of us who are selling the product, and the consumer.

As our medical schools strengthen and solidify the now tenuous ties that bind medicine to the community — and this is being done — medicine will become more attractive to all concerned. Bulger postulates the existence of an untapped source of college students whose broad natural talents could be developed to supply the growing needs of the community, if only they could be shown the true fascination of medicine. By changing the emphasis in admission policy and by accepting students into medicine who have been broadly trained in the arts and humanities as well as in the sciences, a group of young graduating doctors will emerge, some of whom will want to become intimately involved in the ways of medicine in the community. Here then is the hidden correlation between a changing admission policy and the need to personalize medicine.

This rapprochement of medicine and the community is a significant trend today. At Harvard the rumblings of change in this direction are clearly audible.

J. R. B.





**Every year hundreds of parents and potential  
medical students wonder what  
the current admission policy is  
at Harvard Medical School.  
In particular, Alumni who wish  
their sons and daughters  
to apply to Harvard  
need to be informed of the changes  
that have taken place since their own student days.**

# **Procedure and Policy**

**W**HAT are the criteria for admission? Undergraduate scholastic achievement? A 795 score on the science section of the Medical College Admissions Test? Is the final decision based upon the interview when the applicant's individuality comes to the fore? What happens if a student does well in a few of the categories but not all of them; will he be precluded from admission?

In order to answer these questions the following report is presented. It should be emphasized from the beginning, however, that "selection of Harvard Medical School students is a highly individualized and selective process." It

is fair to say there are no rigid criteria for admission to the School. As Perry J. Culver '41, Assistant Dean of Admissions said, "it is difficult to define the goal of a medical education." It has been conceived "as a continuation of the liberal educational process but focused on a more specialized area. In other words medical school is just the beginning of the next phase of a person's life."

During 1964, the Committee on Admission was composed of twelve members. They were selected by Dr. Culver, Chairman of the Committee, the Faculty Secretary and the Dean.

**admissions**



What preparations are necessary to become an applicant to Harvard Medical School?

Every applicant must have the following minimal requirements:

- \* Four years of study of English composition and literature, with at least one of these being at the college level;
- \* Two years of foreign language study at the college level;
- \* One full year of calculus — college algebra will not suffice;
- \* Two full courses in chemistry in college with a minimum of one full course in both inorganic and organic chemistry;
- \* One full course in biology in college;
- \* One full course in physics in college.

The Committee believes that the undergraduate curriculum should contain balance and depth with at least half the courses devoted to the study of the humanities and one-fourth to science. Although today, in order to be comfortable in medicine, the applicant must be broadly based in science.

It is sad but true that every year the number of qualified applicants exceeds the available places in the given class. While everyone is aware of the pressing need for more physicians, Harvard Medical School is unable to accommodate more students at the moment because of strictly limited teaching space. Last year the total applicant pool was 1002. How did the Committee narrow its choice to the 113 students it finally accepted?

The minimal requirements for admission neither guarantee a student's acceptance nor pre-empt it, for a great many other factors are closely studied. Applicants must also present evidence that their academic achievement and other credentials have been of such quality so as to predict a high degree of success in the graduate study of medicine. These credentials include: Medical College Admissions Test (MCAT) scores, extracurricular and summer activities, comments contained in letters of recommendation and the personal qualifications of the applicant.

**A**LL applicants are required to take the MCAT administered by the Psychological Testing Corporation.

In the past the MCAT was considered an extremely reliable indicator of the applicant's intellectual capacity. Today, Harvard Medical School believes this is no longer true. The test is thought to be only relatively valid as a predictor of grades in medical school.\* The rapid advances in the teaching of science coupled with the entirely new body of scientific knowledge which is being introduced at different colleges and in different courses within the same college at different rates is making it almost impossible to test students' scientific achievement nationwide by the use of one test.

The value of the MCAT is that it provides additional evidence confirmatory of the student's academic record. When there is a discrepancy between the student's test scores and his college grades, the student is carefully studied to determine the underlying reasons for the difference. (The Harvard Medical School has no "cut-off point" based on MCAT scores or academic record). Each student is carefully evaluated as an individual, the test scores being used in the same manner as laboratory tests in clinical medicine.

In order to compensate for any possible discrepancy in MCAT scores and to evaluate the applicant more accurately, the Committee has had to place greater emphasis upon its evaluation of the applicant's college record. But today the grade average on the college record can be equally as deceiving as the MCAT score.

The Committee is far more interested in *the degree of difficulty* a student has faced in his college career than in the student who has played it safe and maintained a grade A average by choosing the most intellectually unchallenging and elementary science courses. Scientific knowledge has so mushroomed in the last decades that the Committee

---

\*Recent studies by Daniel H. Funkenstein, assistant professor of psychiatry, reveal very little correlation between students' MCAT scores and their academic performance at Harvard Medical School. The results of these studies will soon appear in *The Journal of Medical Education*.

is forced to consider each course individually almost without consideration of the grade obtained. In fact, applicants need not meet any specific grade point average to be admitted to Harvard Medical School.

**B**UT inevitably, it is people not paper that the Committee considers. The interview, therefore, is one of its most important tasks. The interview is not regarded as a screening process but as the opportunity for the candidate to present himself as an individual. The screening process begins early in the admission season and is based on the Committees' critical evaluation of the MCAT scores and college records. The Committee invites for interviews those whom they consider the most likely applicants although any student may request an interview and will be granted one. As a matter of course, all applicants who are sons of Alumni are interviewed. During the past admission season, from a total of 1002 applicants, 552 were interviewed. Most of these were interviewed twice and some as many as four times.

What did the Committee look for in the applicants, and perhaps even more importantly, why? They probed the individual in search of certain all important intangibles that help produce leaders in medicine. They looked for motivation, breadth of interest, originality and evidence of creativity, curiosity, integrity, flexibility, maturity, moral responsibility, and a dedication to help fellow man. Considerable time was spent in assessing the applicant's ability to get along with other people, and in determining his moral values and emotional stability. They tried to discover whether the applicant had a capacity for continued growth because Harvard initiates a self-educational process that remains with the students throughout their lives. The cold, hard fact is that applicants concerned only with accumulating and regurgitating facts, without a capacity for learning to think, have no place at the Harvard Medical School.

**E**VEN after the interview has taken place, there are still many more qualified applicants than available spaces. The Committee has found it helpful to visit various colleges to confer with faculty and pre-medical ad-



visors. This more informal type of conference often sharpens their discriminatory ability and helps them in making their final decision.

Visits to colleges are of multi-fold value; they help to dispel misconceptions about the admission policy at Harvard Medical School. It has been said that applicants hear just what they want to hear about admission procedures. Those students who dislike science hear that Harvard will accept only English majors; others believe that we will accept only a straight A student; or that Harvard Medical School only wants students from well-known eastern colleges or cities east of the Mississippi. This is not so. It is up to the Committee to convince applicants that they are not at any disadvantage just because they come from small towns in the mid-west or from relatively unknown colleges. The Committee looks at qualified people, not maps or alma maters.

Perhaps the most prevalent misconception is that Harvard Medical School is only for the financially independent. The Committee has never denied admission to any student because of financial reasons. The Committee does inquire about the financial needs of the applicant and where necessary tailors those needs to the School's ability to meet them through the use of scholarships and loans.

The Committee is concerned with the 9 out of 10 applicants Harvard cannot accept, and sometimes the interviewers find themselves acting as counselors. Where an applicant's background is more adapted to a Ph.D. program, they will advise him of this. Or, perhaps an applicant's motivation toward a life dedicated to medicine is not strong enough so the interviewer endeavors to point this out. Or, help is given in suggesting a medical school whose requirements are more commensurate with an applicant's ability.

**C**ERTAIN Alumni play a very important role as interviewers. When applicants are unable to come to Boston, they are interviewed regionally by an interested Harvard Medical School Alumnus. During the last admission season, there were 286 Alumni Regional Interviewers in the United States and six foreign countries. Applicants are accepted on the basis of

regional interviews, in spite of the obvious handicap of geographical distance which sometimes makes it difficult for the regional interviewer to accurately evaluate a candidate in comparison with all those in the total applicant pool.

When there is an applicant to be seen regionally, each interviewer is sent an interview sheet containing basic information about the candidate, includ-

ing science grades, MCAT scores, extracurricular activities and summer jobs, and a rating scale. It is anticipated that the rapport between the Committee on Admission and the Alumni Regional Interviewers will be strengthened by having members of the Committee meet with the regional interviewers in the major alumni areas across the country to keep them advised of the total picture of admission procedures. The role of the Alumni Regional Interviewer is a vital one for the applicant and will become increasingly more valuable for the School.

After each application had been carefully evaluated, the Committee assumed a somewhat "god-like" role in making its final decision. This final decision was based upon an over-all evaluation of the applicant's MCAT scores, college record, interview, extracurricular and summer activities, and the comments contained in letters of recommendation.

Last month the 180th class entered the Harvard Medical School. One thousand and two applicants sought admission and the Committee accepted 113, ten of whom are women. Sixteen applicants were sons of Alumni and four were accepted. The class is composed of 80 science majors, 32 non-science majors and one engineering major, representing 41 colleges and 30 states and Canada.

In the years to come, the Committee will eagerly watch and hope that theirs was the best possible decision.



STUDENT

# A View

THE burgeoning depersonalization of the modern American world is widely recognized as one of the critical social problems of the immediate future. Wherever we go, however we turn, we are greeted less often by the man in business for himself and more often by the giant, "friendly" corporation, the supermarket, the assembly line, the nation-wide service station or restaurant-motel chain.

Medicine is sharing in this general social process, but appropriately the medical profession is engaged, to some extent, in a constant self-appraisal and re-evaluation of itself. Our profession's leaders are thinking and writing more than ever before about the future of medicine, the undergraduate and postgraduate training of the physician, the role of the government in medicine, the significance of group practice and group health insurance. Pervasively implicit and explicit in this searching inquiry is a concern on the part of both the public and the medical profession for the preservation of the human, humane and deeply personal aspects of clinical practice.

It is unrealistic of the lay public to imagine that "good, old-fashioned country docs," will continue to be produced in ever greater numbers. Nevertheless, there seems to be more reluctance on the public's part to relinquish this concept of the "personal" physician than there was of them relinquishing the idea of having a "personal" tailor, grocer or shoemaker. Whatever the source of this reluctance, it seems to be the basis for many of the common complaints one hears about doctors. Gone is the family counselor-

doctor who can patch up quarrels, solve social problems, come to the house at any time of day or night, or administer homely common sense and inexpensive psychotherapy. Has he truly gone from the American scene? Has his place been taken by social workers, psychiatrists, group clinics, hospitals and emergency rooms? Have his old-fashioned shoes been well filled? The answer of some medical leaders has been to suggest the development of the Family Physician. He would be a man who would have considerable training in internal medicine and some training in pediatrics and psychiatry. Such a trained family physician would then be able to maintain the personal character of American medicine and would become the center of the medical wheel, shunting patients off to one specialist or another as necessary.

Some people take the position that most of the public's dissatisfaction with the medical profession does not reflect any serious flaw in its function, but rather mirrors a natural disappointment with a reality which does not match the romanticized and unrealistic concept of what a physician should be. Frequently one sees articles defending the modern doctor, making the assertion that devotion to science is not incompatible with devotion to patients. Such assertions are clearly correct, but seem to miss the point. Most physicians realize that in recent decades, "the science" of medicine has grown to overshadow "the art." For example the emphasis in medical school admission practices is on college grades and especially scientific abilities; research while in

by Roger J. Bulger '60

college or medical school seems to bring most accolades; academic medicine basks in unprecedented respect and prestige; and advancement in academic medicine is based perhaps more on bibliographical vital statistics, than on teaching or clinical abilities; and we hear Dr. Rutstein beg for the day when he will hear top Harvard Medical School graduates state as their ambition, "to be a great physician."

Superspecialization is appropriately flourishing, but when academic advancement depends primarily upon literary productivity within the area of specialization, then interest in general medicine and abilities as a general physician inevitably decline. It is, in fact, an uncommon accomplishment to become an excellent clinical investigator and still remain a complete physician. Insofar as the above forces are operative, it must follow that in academic medicine, they add to the depersonalization of American medicine as a whole.

A more worrisome aspect was pinpointed in the study from Yale, published in the *New England Journal of Medicine*, in 1961, which indicated that house staff members under scrutiny spent very little of their time talking with their patients, and that despite the patients' relative accessibility, very little in the way of doctor-patient relationships were established. It should be pointed out that among house staff, serious errors in human relations are more common than errors in medical judgement, and all too seldom are the former errors picked up or criticized by teachers. Seldom is an intern congratulated on success-

# From the Bottom

Dr. Bulger is chief resident in medicine at University Hospital in Seattle, Washington and affiliated with the department of medicine at the University of Washington School of Medicine.



fully guiding a patient through a difficult, worry-worn diagnostic hospitalization or through a painful terminal event. It is rarely even noticed when such situations are not well-handled.

Some highly trained interns and residents appear to have little capacity for establishing and maintaining appropriate doctor-patient relationships. This general problem is causing concern in England also and it was reflected in the following quotation from Sir George Pickering's presidential address to the British Medical Association: "In the many excellent reports on education that have appeared in the last 30 years . . . I can recollect none that deal with the preservation, let alone the enhancement of the ethos of medicine. No one is failed because he is unkind to his patients." Louis Lasagna, in his article, "Doctors Out Of Step," *The New Republic*, January, 1965, referred to a report which "indicates that a quarter of the medical students surveyed did not like working with people, rejected nonorganic forms of illness, and had a harshly critical attitude toward patients."

**M**EDICAL educators are faced with a monumental task. They must select and train medical students with the finest scientific capacities and help to develop such capacities so that the students will be able to continue the assault on the basic and pragmatic problems of medical biology. But the population is growing and the need for an increasing number of practicing physicians in the years to come is startlingly evident. The number of foreign students who qualify each year to practice medicine in this country is a striking illustration of this need. It is hard to disagree with the medical experts who believe that in the immediate future the greatest dearth will be in the number of practicing family physicians. Somehow we must generate interest in this area of medicine.

Where will we find the best men and women to meet the need? My own answer to the question has its roots in several years of experience as an advisor to college freshmen in addition to a rather standard 5-year postgraduate training period in internal medicine. I believe that the best physicians are those who savor their personal contacts with their patients,

and who use their medical skills as a means to the obvious end of sustaining their patients' health and happiness. However variable their scientific capabilities, they are all people who get satisfaction from performing services for others. They are considerate and sensitive to the needs of others, and also have an interest in the social and psychological happenings of their patients. They are, in short, primarily concerned with caring for and serving people, and in acquiring their appreciation for the services performed.

**A**S a college freshmen advisor, I came to believe that there is a great untapped source of future family physicians. They are to be found among the many young men and perhaps even more young women, who never get to medical school, but who have the proper motivation and basic ability to communicate with patients, and who would thrive on the demands made on the practicing clinician. I believe that a significant number of these students possess the necessary scientific aptitude to acquire medical skills and to perform adequately in medical school. There are an increasing number of social and economic forces inhibiting interest in the practice of medicine. The prestige and income of the practicing physician is no longer superior to that of many other professions or to that associated with careers in medical research and teaching.

Nevertheless, I am impressed as I believe others have been, that there are large numbers of students who are discouraged from medical school for invalid reasons, primarily out of ignorance. Either they feel they are inadequate scientifically — often an impression not based on objective criteria — or, still being uncertain of their ultimate goals, they are unwilling to give up a liberal arts education for an arduous pre-medical curriculum. Thus medical students are largely pre-selected from two groups: the larger of which is "pre-medical" from the outset and is comprised of individuals with scientific majors, and a smaller group of liberal arts students who are outstanding enough to gain admittance to the more forward-looking medical schools. A third group, whose existence I am postulating, sends its members into the teaching profession,

ministry, business, or to careers in government or law. My contention is simple enough, i.e., many individuals in this "group" belong in the field of clinical medicine, where they can best fulfill their basic "service" orientation, and where they may become medicine's most potent tool in combating "depersonalization."

If it is true that we need "them," and if it is true that "they" truly exist, then we must set about the task of getting our potential clinician to medical school. One huge hurdle to overcome would be the development of a basic science aptitude test which could accurately establish at the 16, 17 or 18-year-old level, whether or not the student had enough ability to succeed in medical school. The results of such a test should be made known to the students, and they should be freely encouraged then to pursue whatever intellectual interests they wish in college. In addition, there must be a more uniform translation of the facts about medical school entrance requirements to college freshmen, and there must be an organized, concerted effort to stimulate students to go into medicine.

A third, perhaps more difficult problem, lies in the paradox that those medical schools most likely to turn out clinicians, rather than teachers and researchers, have entrance requirements which make it difficult for the person with primary interests in the humanities and social sciences to gain admittance. The effort of some medical schools to inject the liberal arts and social sciences into the medical curriculum is admirable, but will, I fear, miss the mark. Such interests must be well developed before medical school; they may be extended in graduate school, but will seldom be originated there.

These observations are subjective and there are no data to support them or to give objectivity to any estimation of the size of this conjectural pool of potential medical students and practicing physicians.

No one is more aware than I of the fact that these are personal observations, and this is part of the rationale for the title. The main justification for even tolerating "views from the bottom" must be an appreciation of the fact that, as in mountain climbing, one often is above the clouds when he reaches the summit.





"Tell me, is it fun?"

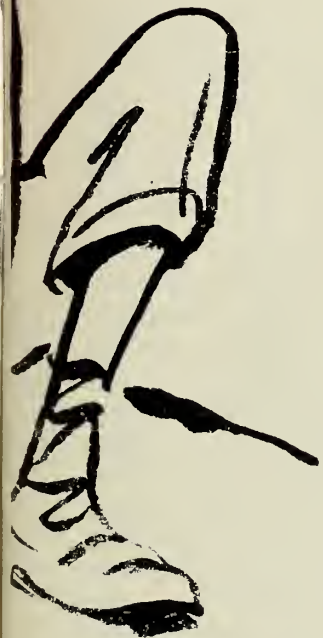




# JACK AND THE BEANS

by George E. Vaillant '59

ONCE upon a time there was a country where there was a law against stuffing beans up your nose. Nobody talked much about the law because people pretended to think the practice was disgusting. But, every now and then, a mother confided to her child that the worst thing in the world was a man who put beans up his nose. Once in a while a piece would appear in the newspaper about someone who had been sent to jail for ninety-nine years for illegal possession of beans. And occasionally, a popular magazine would run a feature on the bold seizure of an international shipment of Mexican jumping beans.



TEST  
PAGE



**They were never quite as close after that.**

Naturally, children grew up with a lively curiosity about beans and wondered why the law would not let you put them up your nose. Since children could see no particular harm to others in the practice, they decided that it must be illegal because it was too much fun. There were two sorts of things parents told you not to do; things that would hurt others and things that were fun. Laws against safecracking, pushing old ladies off curbstones and blowing your nose too loudly in church — made sense, because such activities inconvenienced others. Illegal activities, however, that hurt no one but were fun, like eating between meals, reading “dirty” books, and scratching where you itched, did

not make sense. And, if not only your parents but also the police — and you know how hypocritical police are — told you **not** to put beans up your nose, why then bean stuffing must be really quite a lot of fun.

One day the hero of our story, Jack Everyman, met a schoolmate who had done the most unforgivable, the worst, the most wicked and presumably the most enjoyable thing he could think of; he had put beans up his nose. Since he had been doing it for some time, he had, in fact, stuffed his whole nose quite full of beans. This was because after stuffing a single bean up the nose once or twice, the excitement wears a bit thin. So, he tried two beans and then three. Then, as his

nose became stretched out of shape by this hobby, it built up a certain capacity. By the time Jack Everyman met his friend, the latter’s nose was very full of beans indeed.

Now, you might think that someone with his nose stuffed full looked rather funny, but when you consider that it was the worst, most unlawful, most wicked and by deduction the most pleasurable thing a man could do, you can see why Jack Everyman looked at him with a certain admiration. Here was a man who thought for himself, who had a certain individual class and who had the only nose full of beans on his block. But Jack was of a pretty reasonable turn of mind; he was going to look before



he leapt. "Tell me", he said "is it fun"?

Can you imagine someone who had spent two years stretching his nose out of shape saying, "No! It's all rather foolish, especially when I look in the mirror"? Of course not! This fellow was the same way. He told Jack how he had done time for stuffing beans up his nose. And how stupid the police were. They seemed to think that a man's nose was not his own. After he got out, his parole officer kept staring at his nose. One day the bean agents came by and trampled all over his radish and cabbage plants just to see if he was growing any illegal bean stalks. "That does it", he thought, "they can't tell me what to do and what not to do." Jack's friend remembered what a thrill it had been the first time he had stuffed an illegal bean up his nose; the feeling of pleasurable wickedness and the whole new dimension of sensation. He also enjoyed an intoxicating conviction that while bean stuffing might well be dangerous to others, the habit could never be harmful to him. So, he relapsed to the use of beans and this was when Jack met him.

The bean stuffer said, "Yes, it's fun." He asked Jack if he wanted to try one. Jack's friend with the funny, but the very hip nose was offering him a bean. Of course he took it! The first bean felt funny but in a thrilling and uncomfortable way. Besides, what business had the cops to tell him what to do with his nose. It was his nose wasn't it? He stuffed another bean; and then, he tried shooting both barrels — one up each nostril. He discovered something really new.

Jack did not live in the best part of town and some days the streets smelled pretty rank. There were the sulphur smells from the chemical factory, the odor from the one bathroom that the whole tenement shared and the scent of stale beer that his father spilled on the rug. With one bean up each nostril, all the bad smells in the world went away. All that remained was the pleasant vegetable smell of the bean which brought back odd but happy memories from childhood. After a while this pleasant aroma grew less and less, but at least stuffing beans kept out bad odors.

True, there were occasional drawbacks. He could no longer smell his girlfriend's perfume; life with her did

not seem as romantic as before. But since it is awkward, anyway, to make love with your nose full of beans, he did not mind. When she complained that he no longer loved her, he offered her a bean. So it was that they gave up their usual activities and started stuffing beans together. They were never quite as close after that.

AFTER a few months Jack noticed something strange. All the people around him started to change. He had always known that the police were narrow minded and that they tried to run your life, but now he was impressed that nobody could be

trusted. Everybody kept telling him that his nose looked funny, that it was too big. People treated him as if he were in a minority! Society turned against him. They all sat looking down their smug little noses at him. What was so good about **their** noses? They were hypocrites. They had sexual affairs, they took a payoff now and then; they did not take baths, and at times they drank too much. They indulged in all sorts of pleasures. Why should they look down at him? Jack decided that bean stuffing should be legalized.

Another change began. If the law could tell you not to stuff beans up your nose, then maybe that meant



Society turned against him.



E. CRAIGE

"It wasn't such a bad nose."



your nose belonged to the law. And if cops, who were all crooks and nit-wits anyway, worried and perhaps actually owned your nose, what better way to get back at them than to stuff your nose really out of shape. So he started stuffing six times a day instead of four, even though he knew that with big doses you could sometimes aspirate a bean and die. Although he found that it was no longer pleasurable, he had kept out the stench of his community for too long. Now when his nose was not stuffed the smell became overpowering. Obviously, bean stuffing should be legalized.

Something else happened. He began to think of himself as a bean fiend with a big nose. He joked that he was a beannie, a fat nose. Instead of being Jack Everyman, he began to think of himself as disgusting. To tell the truth, he became prejudiced against bean stuffers. Yet this did not stop him. In fact, he used so many beans that his nose became abscessed. Even though it was his nose, it was such a lousy, ugly thing that it did not matter that it got pushed out of shape; it was just as ugly as the society in which he lived. Things got so bad that he had to steal to buy enough beans to keep his nose out of shape. Society should **legalize** beans and that was all there was to it!

ONE day society passed a law and made beans legal.\* Doctors prescribed them to bean fiends. They figured that anyone with a bulbous, beany nose was sick and incurable. So, the croakers gave out beans. In fact, all bean fiends **had** to stuff beans.

Jack became really depressed. While beans were against the law, he had always rather enjoyed using them. But having them prescribed! Imagine being told that you had to stuff four beans up your nose four times a day. Sixteen beans every 24 hours. And for what? Because you were "incurable." Why on earth would a person want to do something like that to his own nose? He went along with the doctor

for a while, but he got so angry at the damned prescription that, just to fix the doctor, he didn't stuff four beans up his nose but only three and then just two. Things smelled awful, he woke up at night with a headache from the bad smells that he was now able to perceive, but his anger at that prissy, officious, fat head of a doctor gave him strength. He started cutting his appointments, mislaying his prescriptions, and losing his beans down manholes.

Strange to say, his nose grew smaller. One day he looked at himself in the mirror and decided it was not such a bad nose, and besides it was his and there was not much else that belonged to him. In days gone by he had sold his car, pawned his mother, and even traded his false teeth for

beans. His nose was really all he had left. In fact, he rather liked it. Imagine that big nosed doctor telling him to stuff beans. That's what was wrong with society; their noses were too big. **They** were incurable. So he plowed up his bean stalks and he went back to eating between meals, scratching where he itched and took up with his girl friend where he had left off.

*Dr. Vaillant spent two years as a staff psychiatrist at the Lexington Narcotic Hospital in Kentucky. He presents his views in fable form lest his opinions about a complex and badly misunderstood subject assume unwarranted certitude. He is now at Harvard Medical School as a research fellow in pharmacology.*



\*The fable's pitch for legalized narcotics is for heuristic reasons only. While I feel that such legalization should be tried on an experimental basis, I am willing to give substantial odds that such experiments will fail.

TEN outstanding women entered the Class of '69 and they represent nine per cent of their Class. They came with enthusiasm, but more than that, they came because they were eminently qualified to be here; they had chosen Harvard and, fortunately, Harvard chose them. They came with no sense of embarking upon an unusual profession but only on an arduous and satisfying one. Everyone of them believes, in time, they will combine their professional lives with a family life without compromise to either one.

It is exactly twenty years ago that the first twelve women were admitted as students to HMS. It must have been a memorable day for them, but for the School's history it marked the end of an era and the end of a 98-year old decision to keep women out of the Medical School. In 1847, when the question was first raised, the Corporation did not "deem it advisable to alter the existing regulations of the Medical School which imply that the students are exclusively of the male sex."

Three years later, Miss Harriet K.

lectures expressing hereby no opinion as to the claim of such students to a medical degree." The matter was resolved because Harriet Hunt withdrew her request. Off and on during the years a few women continued to request admittance to lectures but in the main the Faculty discouraged them and continued to veto the very idea of admitting women medical students.

During World War I, and because of it, the question of women students was seriously considered. Dean Edsall made a national survey to find out how many medical schools accepted women students. He corresponded with the deans of many other medical schools, in search of their informal opinions about the advisability of women in medical schools. The opinions varied. Those who had women, generally regarded it as "a good thing but sometimes restricting." Those who did not have women students either wished they did, or hoped they never would.

On September 6, 1917, a news item appeared in the *Boston Globe* which said: "Harvard University may this year for the first time in its history open its doors to women. The immediate reason is understood to be the war. Because of war's heavy draft upon the medical profession for war service and also upon male medical students for the Army it is thought desirable to increase the opportunities and inducements for women to become physicians."

Within a few days of that announcement ten Radcliffe and Wellesley graduates applied to the School. It seems only one woman was academically qualified for admission, and after a somewhat desultory inquiry the Faculty decided it could not accept one woman student. Two years later the unsuccessful, but qualified, woman was still trying and hoping to gain admittance. The School opened "unusually early" that year, on September 24, and, in retrospect, one wonders about the awkward timing of the news item with the imminent commencement of class.

## Women Come 'Of Age'

This natural, easy attitude may be due to many things within each girl or in her background as well as to Harvard's present attitude toward women in medicine. But however it evolved, there was a time, not so long ago, when things were quite different both at Harvard and for the women who tried to come here.

Hunt sought permission to attend HMS lectures, and on her behalf, Dr. Oliver Wendell Hohnes, raised the question again with the Corporation. On that occasion the minutes read, "... this Board, if the Medical Faculty deem it expedient, perceive no objection arising from the statutes of the Medical School to admitting female students to their



Top: Penelope Knapp, Ruth Rosenblum. Middle row: Elizabeth Thomas, Margaret Bean, Anne Redfern. Bottom row: Judith Levine, Barbara Hertz, Bernadine Healy, Sharon Boehm. Opposite page, Beverly Mitchell.



Radcliffe College had just begun to offer medical instruction to women on the understanding that "no Harvard M.D. degree would be granted." Women everywhere were on the march for recognition and between 1917-1919, several petitions were presented to the Medical School's Faculty. In 1919, Dean Edsall received one signed by ten Radcliffe graduates and a number of Harvard professors. The petition made the valid points that although two years before a proposal had been made to admit women to HMS, as a war measure, there had been then a lack of properly prepared candidates, which was due partly to the fact that women could not be expected to be prepared for HMS unless they knew they *would* be admitted. This petition and others like it, now that the war was over, had little effect on the stern resolves of the Faculty to maintain their status quo. They believed it would be advisable — and therefore impracticable and vastly expensive — to segregate the men from the women for "certain" lectures, demonstrations, laboratory work and ward classes, all deemed more proper for men than for women.

The change of heart, if not entirely of intellect, came slowly. For, of course, there were prominent Faculty members who subscribed to the same views expressed by Henry A. Christian, at the time physician-in-chief of the Peter Bent Brigham Hospital. He said: "My personal feeling in regard to the admission of women is this. My personal taste and sentiment is against it, but there are no valid reasons in my mind for their exclusion and I would not for personal sentiment, in any way, oppose their admission."

Nevertheless, it took 27 years and another World War before Dr. Christian's opinion became generally accepted in the Harvard Medical School.

Since 1945, one hundred and fifty-seven women have been admitted to the School. Only 17 withdrew. Of these, 5 went to other medical schools to be near their husbands, 4 decided to obtain Ph.D. degrees, 3 got married and did not continue medical studies, 2 dropped out because of illness and 3 decided medicine was not for them. In twenty years, 18 women have transferred to HMS from other medical schools, 16 graduated and only 2 did not.

It is a good record, because, as Dr. Ebert recently said, "It seems HMS is a difficult school to get into." It is. But today, for both men and women the admission requirements and curriculum are the same. The ten women who entered this year are the Twenty-first Class of women at the Medical School. They have come of age. They may or may not become "pioneers" but certainly they are all intelligent, interesting and attractive individuals.

SHARON L. BOEHM is a Phi Beta Kappa and graduated from the University of Wisconsin. Her home is in Itasca, Illinois and she came to Harvard because of its "reputation and prestige." She is confident that a woman can have a personal life and a professional life. The combination of the two is "what the sociologists call role-playing. One adapts to the different images one has of oneself depending upon the circumstances."

## *And Here They Are . . .*

MARGARET BEAN graduated cum laude from Radcliffe College. Her home is in Iowa City, and her father is a physician conducting a research program in the University of Iowa. Margaret did not make up her mind to embark on a medical career until recently. "I was fairly sure about it, yet I had some reservations," she said. "My father did not persuade me one way or the other, but I talked with two people about medicine and they helped me realize my ambition was to become a physician." Margaret does not feel there are any areas of medicine closed to women today. Personally, she is "not attracted to surgery," but if she were, she feels it would be just as open to her as to the men and "that being a woman is after the fact."

BERNADINE P. HEALY is a Phi Beta Kappa and graduated from Vassar summa cum laude. She is a Harvard Medical School National Scholar. Bernadine said she "liked the Admission Committee's attitude toward women in medicine. They do not feel that women are in competition with men and neither do I." She felt the first day at HMS had been "very exciting, and Dr. Blumgart's Introductory Clinic was inspirational. He seemed to be the very spirit of medicine — if one can say that."

BARBARA B. HERTZ is a Phi Beta Kappa and graduate of Swarthmore College. She lives in New York City. Barbara feels medical studies have a direct relevance to world problems, consequently,





she decided to come here rather than go to graduate school. She believes "it is both desirable and possible to combine professional and family life together if the woman is happy in what she is doing." She is "interested in getting into either research or public health," because, as she said, "if you have a family you must spend certain times at home with them."

PENELOPE KNAPP is a graduate of Radcliffe College. She lives in Cambridge. Both her parents are physicians. Her mother is a pediatrician and her father, Peter H., is a psychiatrist who graduated from HMS '41. "Penny" did not plan or even think she would become a physician until she was in college. She was far more interested in art. She is a talented amateur artist and for a long time her ambition was to "become an artist or writer." She has done a great deal of travelling, and lived in France and Italy for three years. While on a journey from Europe to California via the Far East, she became unforgettably aware of the poverty she saw everywhere. "It was awareness of the inequalities in people's physical chances and circumstances that gradually made me decide that a life spent working constructively with people would be most gratifying. I decided not

to make my career in any of the arts. It's a lonely life, and I love people and especially children."

JUDITH A. LEVINE is a Phi Beta Kappa and graduated from Swarthmore College. She lives in New York City, and her father is an outstanding authority on diabetes. Judy "does not believe she entered medicine because of any parental influence but because she had grown so accustomed to a medical atmosphere that she would feel uncomfortable if she left it." Judy expects to be quite comfortable in Harvard's "medical and academic atmosphere."

BEVERLY S. MITCHELL is a Phi Beta Kappa and graduated from Smith College, summa cum laude. She chose to come here "because the hospital and clinical facilities available to students are excellent." She is quietly confident that if a woman "wants to have any life outside of medicine she should take this into consideration when choosing a field in line with her medical interests."

ANNE B. REDFERN graduated from Radcliffe College cum laude. Her home is in Cincinnati. Halfway through college she decided to concentrate on medical graduate study. Although she is interested in public health, for a time

she considered both law and archeology. But as she said about archeology, "so much has been discovered in the field already, and in the end you wind up wishing you had been born an ancient Egyptian." On the subject of having both a profession and family life, Anne said, "It's a matter of how much you want both things, but by taking away a little from each thing, I think it is possible to combine them."

RUTH E. ROSENBLUM, a 3-year applicant from Wellesley College, lives in Los Angeles. Ruth expressed her admiration for the way in which the Introductory Clinic had shown them that physicians must be concerned with the whole person. In a similar way she feels the School is concerned with "the whole student who will be able to be a person as well as a doctor."

ELIZABETH W. THOMAS graduated cum laude from Radcliffe College. Her home is in Chevy Chase, Maryland. "Betsy" thinks "women should think seriously about specializing." There are some fields she would not wish to go into herself, but "if a woman became attracted to a particular specialty and became expert in it, even though it were a narrow field, patients today would come to her for attention."

## ... Now the First Are Second



*Olu Oredugba, Barbara Hurwitz and Walter Cannon.*

EVERYONE says the first year is the hardest and if you survive it, all will be well. The six students from the Class of '68 that the *Bulletin* interviewed last year — Bill Bennett, Walter Cannon, George Goldberg, Barbara Hurwitz, Calvin Nafziger, and "Olu" Oredugba — are all back, having survived the rigors of circulatory physiology, anatomy, biochemistry, and histology.

They have changed — if only by maturing another year, which as George Goldberg says, "is a large enough accomplishment." The idealistic anticipation of the first year has been replaced by a more resigned enthusiasm. They were disappointed last year by the lack of respect shown the students' intelligence, the lack of free time to pursue independent work and to continue their liberal education, and the apparent stress on research they discovered at Harvard Medical School.



At the same time, they were surprised by the interest of some members of the Faculty in the students and in their teaching. "Olu" Oredugba says his greatest surprise was "the willingness of the Faculty to help us in any way they could." Barbara Hurwitz was most impressed by the range of interests and gifts she discovered at the Medical School and in her classmates.

But perhaps more significant than the disappointments and surprises was the acute awareness of the social responsibility of the physician which came to them all. Bill Bennett joined a group of medical students who have begun to deal with the relationship between social issues and medicine. Calvin Nafziger told the *Bulletin* that he "became poignantly aware of the need for the medical profession to be concerned with the medical care of the poor." Both Calvin and Walter Cannon began to seriously question the seeming lack of emphasis on the physicians responsibility for the care of the patient.

When summer came it was the opportunity for each to pursue his own interests. Bill Bennett worked on a research grant at the Boston State Hospital; Walter Cannon pursued his avoca-



*Calvin Nafziger, George Goldberg and William Bennett.*

tion by participating in the U.S. National Gliding Championships; George Goldberg was a Public Health Trainee in Puerto Rico; Barbara Hurwitz participated in neurochemical research in the department of pharmacology at HMS; Calvin Nafziger worked in a psychiatric clinic in East Boston; and Olu Oredugba did research on the pituitary gland at the Boston Lying-in

Hospital before returning for a holiday to his native Nigeria.

When the Second Year Class registered, Dr. Ebert said to them: "You are not dismayed by internship applications or trembling on the brink of clinical medicine as you will be next year. You are relaxed, but not bored, critical, perceptive, and idealistic!" And so it seems to be with these six students.

**The bawdy conception of this year's**

## **SECOND YEAR SHOW**

**needs your**

# **HELP!!!**



Presently in utero, promising a hilarious future, this year's farce is due December 3 and 4 before a packed house at 8 P.M. in Vanderbilt Hall.

As in the past the financial assistance of generous HMS Alumni is needed to assure a joyous arrival. Dollars are a nutritional requirement.

"Patrons of the Show" will receive reserved seats, will be invited for pre-show cocktails, will find their names handsomely inscribed on the Program, will receive the heartfelt gratitude of the anxious Class of '68 — and all for only \$10. (Larger contributions also will be appreciated. For \$1,000, we will name the show for you.)

Please HELP. Send contributions to:

Miss Bobbie Hurwitz  
Harvard Medical School  
Vanderbilt 358  
Boston, Mass. 02115

# CLASS OF 1969

- Ainslie, George W., Jr.**  
Binghanton, N. Y. (Yale)
- Allen, Jeffrey C.**  
Livingston, N. J. (Oberlin)
- <sup>d</sup>**Altman, Leonard C.**  
Flushing, N. Y. (Univ. of Pennsylvania)
- Arling, Bryan J.**  
Minneapolis, Minn. (Univ. of Minnesota)
- <sup>d</sup>**Baer, Warren S.**  
Woburn, Mass. (Boston Univ.)
- Bartrun, Royal J., Jr.**  
Normal, Ill. (Carleton)
- <sup>d</sup>**Bauer, Reginald A.**  
Los Angeles, Calif. (Univ. of California, Los Angeles)
- Bast, Robert C., Jr.**  
Arlington, Va. (Wesleyan Univ.)
- Bean, Margaret H.**  
Iowa City, Iowa (Radcliffe)
- Bettman, Thomas C.**  
Cincinnati, Ohio (Dartmouth)
- Bobroff, Lewis M.**  
Brooklyn, N. Y. (Brooklyn Coll. of The City Univ. of N. Y.)
- Boehm, Sharon L.**  
Itasca, Ill. (Univ. of Wisconsin)
- Braden, William, 3d**  
New York, N. Y. (Harvard)
- Brandling-Bennett, A. David**  
Los Angeles, Calif. (Harvard)
- <sup>d</sup>**Bryan, David E.**  
West Roxbury, Mass. (Boston Univ.)
- Brooks, Benjamin R.**  
Merion Station, Pa. (Harvard)
- Brooks, Robert W.**  
Paterson, N. J. (Williams)
- Bulkley, Gregory B.**  
Winnetka, Ill. (Princeton)
- Burney, Richard E., Jr.**  
Cleveland, Ohio (Harvard)
- Burns, William H.**  
Macon, Ga. (Yale)
- Burr, Winthrop A.**  
Christiansted, St. Croix, Virgin Islands (Harvard)
- Carey, Edmund L., Jr.**  
Milton, Mass. (Coll. of the Holy Cross)
- Cello, John P.**  
Cambria Heights, N. Y. (Providence Coll.)
- Chang, Henry**  
Bronx, N. Y. (Yale)
- Chessen, Douglas H.**  
Denver, Colo. (Amherst)
- Cloos, David W.**  
Lake Ariel, Pa. (Williams)
- Cohen, Benjamin E.**  
Macon, Ga. (Columbia)
- Crane, Martin**  
Williston Park, N. Y. (Princeton)
- Crichton, J. Michael**  
New Canaan, Conn. (Harvard)
- Dashe, Charles K.**  
Gary, Ind. (Univ. of Chicago)
- Dos Reis, Leslie J.**  
Rye, N. Y. (Williams)
- Duvinsky, Joel**  
New York, N. Y. (City Coll. of New York)
- <sup>d</sup>**Evans, Bruce E.**  
Portland, Maine (Williams)
- Feibel, Robert M.**  
Cincinnati, Ohio (Johns Hopkins)
- Fernbach, Stephen A.**  
New York, N. Y. (Amherst)
- <sup>d</sup>**Foord, William D.**  
Garden City, N. Y. (Wesleyan Univ.)
- Frank, Gerald W.**  
Winthrop, Mass. (Harvard)
- Fraser, David W.**  
George School, Pa. (Haverford)
- Freed, Curt R.**  
Euclid, Ohio (Harvard)
- Freeman, David L.**  
Sherborn, Mass. (Harvard)
- Freeman, Thomas S.**  
Glencoe, Ill. (Harvard)
- Goldmann, Donald A.**  
Trenton, N. J. (Harvard)
- Gordon, Jerold S.**  
Pittsburgh, Pa. (Antioch)
- Graybeal, Robert T.**  
Marion, Va. (Duke)
- Grillo, Peter J.**  
Andover, Mass. (Yale)
- Guyton, David L.**  
Jackson, Miss. (Univ. of Mississippi)
- <sup>d</sup>**Haddad, Raymond D.**  
Methuen, Mass. (Univ. of New Hampshire)
- Hall, John H.**  
Portland, Oregon (Reed)
- Hall, Stephen V.**  
Champaign, Ill. (Harvard)
- Hallett, Mark**  
Merion, Pa. (Harvard)
- Harper, Gordon P.**  
Rochester, N. Y. (Harvard)
- Harrison, Michael R.**  
Vancouver, Wash. (Yale)
- Healy, Bernadine P.**  
Long Island City, N. Y. (Vassar)
- Hertz, Barbara B.**  
Manhasset, N. Y. (Swarthmore)
- Hertzman, Marc**  
Cincinnati, Ohio (Harvard)
- Hodes, David S.**  
New York, N. Y. (Princeton)
- Hodes, Richard J.**  
Wantagh, N. Y. (Yale)
- Hoffer, Edward P.**  
Montreal, P. Q., Canada (Massachusetts Inst. of Tech.)
- Howard, Terry T.**  
Rutherford, N. J. (Columbia)
- Hyde, Thomas P.**  
Evanston, Ill. (Yale)
- <sup>d</sup>**Hymoff, Richard S.**  
Brookline, Mass. (Brandeis)
- <sup>d</sup>**Isenstadt, Lester**  
Cambridge, Mass. (Boston Univ.)
- Gerber, Richard B.**  
Washington, D. C. (Amherst)
- Gimbrone, Michael A., Jr.**  
Buffalo, N. Y. (Cornell Univ.)
- Jablecki, Charles K.**  
Rumford, R. I. (Harvard)

<sup>d</sup>School of Dental Medicine



<sup>d</sup>**Kaban, Leonard**  
Flushing, N. Y. (Queens Coll. of The  
City Univ. of N. Y.)

<sup>d</sup>**Kallio, Donald M.**  
Worcester, Mass. (Coll. of the Holy Cross)

**Kanner, Steven R.**  
Massapequa Park, N. Y. (Harvard)

**Kaslow, Richard A.**  
Omaha, Nebr. (Yale)

**Khoury, George, Jr.**  
Allentown, Pa. (Princeton)

**Knapp, Penelope**  
Cambridge, Mass. (Radcliffe)

**Kolb, Jonathan E.**  
Providence, R. I. (Harvard)

**Krogstad, Donald J.**  
New Hyde Park, N. Y. (Bowdoin)

**Lange, Roger F.**  
Evanston, Ill. (Harvard)

**Langsdorf, David S., Jr.**  
San Mateo, Calif. (Stanford)

<sup>d</sup>**Leaf, Robert J.**  
Harrison, N. Y. (Cornell Univ.)

**Lemkin, Stephen R.**  
Lowell, Mass. (Harvard)

**Leonardi, Howard K.**  
Swampscott, Mass. (Yale)

**Levine, Judith A.**  
New York, N. Y. (Swarthmore)

**Levine, Robert A.**  
Waterville, Maine (Yale)

**Lewis, Brian J.**  
Little Rock, Ark. (Rice Univ.)

**Lewis, Randall J.**  
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**Lipkin, Mack, Jr.**  
New York, N. Y. (Harvard)

**Liteplo, Merrill G.**  
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**Long, Michael C.**  
Salisbury, Md. (Massachusetts Inst.  
of Tech.)

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**Mayer, Robert J.**  
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**Mieth, Werner C. J.**  
Union, N. J. (Harvard)

**Miller, J. Bruce**  
Maywood, Ill. (Harvard)

**Mitchell, Beverly S.**  
Auburndale, Mass. (Smith)

**Mitchell, Michael E.**  
Lincoln Park, N. J. (Princeton)

**Morse, Herbert C., 3d**  
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**Murphy, Frank L., Jr.**  
Webster Groves, Mo. (Harvard)

**Noseworthy, John, Jr.**  
Plymouth, N. H. (Bates)

**Peterson, Douglas B.**  
Aurora, Ill. (Dartmouth)

**Petrucelli, R. Joseph, 2d**  
Meriden, Conn. (Yale)

<sup>d</sup>**Piecuch, Joseph F.**  
Indian Orchard, Mass. (Univ. of  
Massachusetts)

**Quint, Alan S.**  
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**Rein, Michael F.**  
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**Richards, Keith C.**  
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**Rosenblum, Ruth E.**  
Los Angeles, Calif. (Wellesley)

<sup>d</sup>**Rothman, Kenneth J.**  
Long Beach, N. Y. (Colgate)

**Rottenberg, David A.**  
Detroit, Mich. (Univ. of Michigan)

**Scheinberg, Stephen**  
Memphis, Tenn. (Massachusetts Inst.  
of Tech.)

**Schlenker, James D.**  
Peru, Ill. (Harvard)

**Schutz, James S.**  
New York, N. Y. (Yale)

**Schwartz, Ronald H.**  
Kenmore, N. Y. (Cornell Univ.)

**Seaman, William E.**  
East Lansing, Mich. (Princeton)

<sup>d</sup>**Shay, Norbert J., Jr.**  
Menands, N. Y. (Siena)

**Silvio, Joseph R.**  
Elizabeth, N. J. (Cornell Univ.)

**Snyder, Howard M., 3d**  
Atlanta, Ga. (Princeton)

**Spitz, Leslie M.**  
Wilmette, Ill. (Harvard)

**Stephens, Joseph W., 3d**  
Macon, Ga. (Emory)

**Tesar, Paul L.**  
Flushing, N. Y. (Univ. of Massachusetts)

**Thibault, George E.**  
Chittanooga, N. Y. (Georgetown Univ.)

**Thomas, Elizabeth W.**  
Chevy Chase, Md. (Radcliffe)

**Tracy, David M.**  
Pittsfield, Mass. (Yale)

**Trafton, Peter G.**  
Auburn, Maine (Yale)

**Tuffli, Charles F., Jr.**  
Menlo Park, Calif. (Yale)

**Vickery, Donald M.**  
Vienna, Va. (Harvard)

<sup>d</sup>**Weiner, Allen L.**  
Winthrop, Mass. (Yeshiva)

**Wiley, R. Haven, Jr.**  
New York, N. Y. (Harvard)

**Workman, Robert J.**  
Staten Island, N. Y. (Princeton)

**Yurcisin, Daniel**  
Roebling, N. J. (Princeton)

# ALONG THE PERIMETER

## Dr. Ebert's First Faculty Meeting

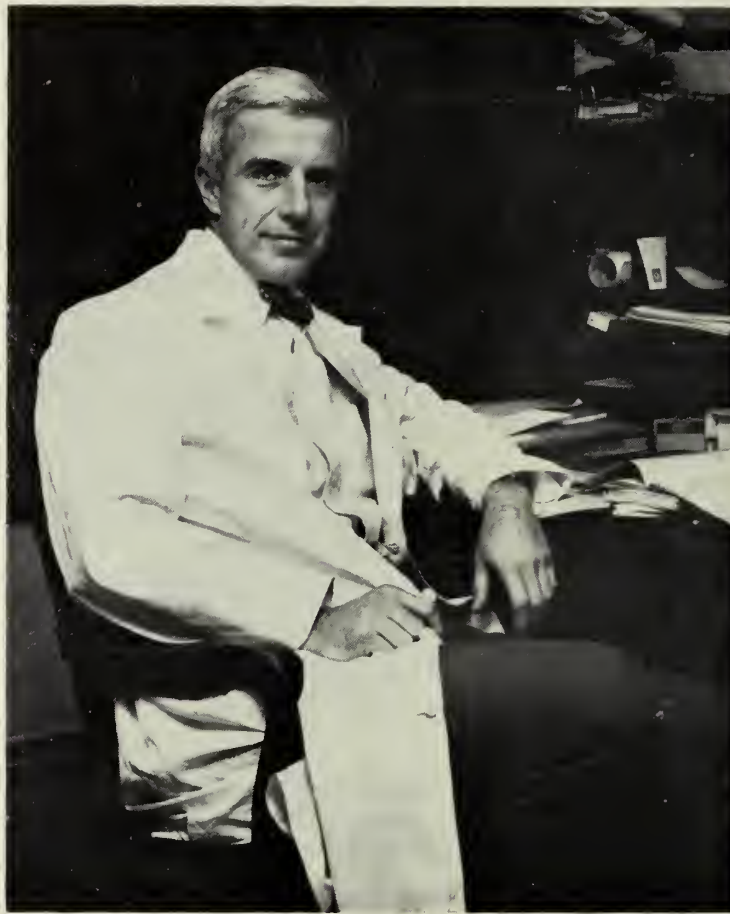
The first Faculty Meeting of the new academic year was called to order by President Pusey on September 24, in Amphitheatre C. It offered Dean Robert H. Ebert his first opportunity to meet Harvard's Medical School Faculty as a body. He was received with great enthusiasm. He touched on some of the problems that he felt the School would face in the coming years.

He emphasized how important it was for us in medicine to convert the scientific revolution, and all we have learned from it, to the benefit of humanity. He spoke of our increasing and often forgotten responsibility to the community's health. He pointed out that society had built up great expectations of us in medicine and that our duty was to fulfill these expectations. He spoke of medicare as a response to the obvious economic needs of our nation, not damning it nor praising it, but pointing to the need for us to involve ourselves with these economic problems instead of standing on the sidelines.

Then he mentioned more detailed areas in the School itself that he felt would receive attention: a closer look at the makeup and length of medical education; reorganization of the Dean's office with the possibility of setting up an executive committee of the faculty as an advising body to the Dean; increase in the Medical School's facilities; more tenure positions for clinicians and teachers, and a closer association between the Medical School's hospitals and between the Hospitals and the School.

His eloquent remarks were greeted by spontaneous and prolonged faculty applause that filled the Amphitheatre for the better part of a minute. It was a most stimulating meeting that augured well for the future of the School.

J.R.B.



*Dr. Nichols*

## Cambridge City Hospital Affiliation

A new affiliation has been established between the Cambridge City Hospital and Harvard Medical School through the School's medical and surgical departments and services at the Boston City Hospital and through the School's department of pediatric service at the Massachusetts General Hospital. These Harvard units will work with the corresponding services at the Cambridge City Hospital in an effort to develop superior educational opportunities for students, interns and residents. It is also anticipated that the new Hospital-Medical School enterprise will give enhanced patient care to the Cambridge community.

Two new appointments at the Cambridge City Hospital were also announced. On July 1, 1965, George Nichols, Jr., clinical professor of medicine, was appointed Chief of the Cambridge City Hospital's Medical Service,

and Phillip J. Porter, clinical associate in pediatrics, appointed Chief of the Hospital's Pediatric Service.

Dr. Nichols, who was a Markle Scholar in medical science, has been associated with the Medical School since 1948. He served as director of the Health and Medical Care Program for Students in the Medical Area from 1953-1955; secretary, Faculty of Medicine, 1959-1963; assistant dean (1959-1962) and associate dean of the Faculty of Medicine for Academic Affairs from 1962-1965; he has been active in the tutorial programs of the School and was secretary of the Curriculum Committee. Dr. Nichols is senior associate in medicine at the Peter Bent Brigham Hospital.

In his laboratories at the Medical School, Dr. Nichols and his colleagues have been studying the biochemistry of the metabolism of bone cells, and in



1958 developed methods for obtaining metabolically active samples of bone from animals.

Dr. Porter's association with Harvard Medical School began in 1957 when he was appointed teaching fellow in pediatrics. He received the A.B. degree from Princeton in 1952 and the M.D. degree from the University of Pennsylvania School of Medicine in 1956. He served his internship and residency at the Massachusetts General Hospital on the children's service; from 1958-1959 he was senior resident at The Children's Hospital, Boston; for the next two years he served as Captain in the U.S. Air Force Medical Corps at Ft. Worth, Texas, and then returned to Boston as Thorndike Research Fellow in Harvard's Thorndike Memorial Laboratory at the Boston City Hospital, where his research has been concerned with the actions of bacterial endotoxin on the brain and other organs.

The Cambridge City Hospital was founded in 1911 and opened to the

public in 1917. In those days it had only 50 beds, a house staff of 22 physicians and an annual budget of \$70,000. Today, the Hospital has 300 beds, a medical staff of 178 and a budget in excess of \$3 million.

There are plans afoot for major expansion and modernization of the Hospital's present facilities. Primarily, these involve the construction of a new building — at an estimated cost of \$8 million — to be erected adjacent to the present hospital.

## Gift to HMS from N.Y.

The Harvard Medical Society of New York held its second meeting of the year in April. Harvey S. Collins '43B, president, introduced the speaker of the evening, Mr. David Rockefeller, who spoke on, "What the Balance of Payments Deficit Means to Us." The Society's 225 members approved a gift to the Harvard Medical School of \$1,250 for unrestricted use.

*Dr. Porter*



## Hsien Wu Fund

### Honors Biochemist

Once Harvard Medical School went to China; now China has come to Harvard Medical School. In June, 1965 a Fund was established at the Medical School by the family of the late Dr. Hsien Wu, prominent Chinese scientist.

The commitment of \$100,000, making possible the Hsien Wu Memorial Fund, will be used to strengthen research and teaching in the department of biological chemistry where Dr. Wu began his career as a leader in the creation of modern biochemistry. When feasible, the Fund will help support the work of young scientists of Chinese descent.

Dr. Wu received the Ph.D. degree from Harvard in 1919. During his years of graduate study, he came under the influence of Professor Otto Folin, the first Hamilton Kuhn Professor of Biological Chemistry at Harvard. With Professor Folin as co-author, Dr. Wu published "A System of Blood Analysis" which became widely known as the Folin-Wu Methods for quantitative determination of important chemicals in the blood. The Methods, particularly that for determining blood sugar, have become standard procedures in chemical laboratories throughout the world.

In 1920 Dr. Wu returned to his native China to assume one of the original appointments to the staff of the Peking Union Medical College. For 22 years, he was associated with the Medical College and, as head of the department of biochemistry, he was one of the first Chinese to attain professorial rank.

When the Peking Union Medical College was confiscated, Dr. Wu returned to the United States and resumed teaching and research as visiting professor at the Medical College of Alabama. In 1953, illness forced him to retire and he moved to Boston with his family. Dr. Wu died in Boston in 1959.



Dr. Feeney

## New Director for Harvard Health Service

James J. Feeney '52, is the new director of the Harvard Medical Area Health Service and physician to the University Health Services. He succeeds Donald A. Tucker who served as director for ten years. Dr. Tucker is now with the University Health Services in Cambridge.

The Medical Area Health Service has been in operation since 1955 with offices and clinic in the Peter Bent Brigham Hospital. As director, Dr. Feeney is responsible for the health su-

pervision of students and employees of the Harvard Medical School, School of Public Health, and School of Dental Medicine.

Dr. Feeney is instructor in medicine and tutor in medical sciences. He is also a member of the Faculty of Public Health and associate in medicine at the Peter Bent Brigham Hospital. Prior to his appointment at the Health Service, Dr. Feeney was director of the outpatient and clinical services at the Beth Israel Hospital.

## Bug Affliction

### Stranger than Fiction

The *Harvard Medical Alumni Bulletin* is hormonally active! But *The Lancet* is not. Dr. Karel Sláma and Professor Carroll M. Williams, two Harvard University biologists, have discovered that American newspapers, magazines and other paper products contain a substance that shows high juvenile hormone activity for certain insects. European and Japanese paper products, however, showed no activity.

Dr. Sláma came from Czechoslovakia last year to collaborate with Professor Williams on studies of the juvenile hormone. With him came a bug — *Pyrrhocoris apterus*. When the insects were reared at Harvard, they failed to transform into normal, sexually mature adults.

The biologists were amazed. This would be the result if the bugs had been treated with their own juvenile hormone. Where was the hormone coming from? The source of the hormonal activity was tracked to a small piece of ordinary paper towelling that had been placed in each rearing jar. When the towelling was removed, the insects developed normally.

Surprisingly, the active principle in the American paper is totally inactive on a number of American insects. But some extremely serious insect pests, including the notorious "red cotton bug" of eastern Asia, are close relatives of the *Pyrrhocoris* bug. The Harvard biologists foresee that the hormonally active material, which is available on an unlimited scale in American newspapers and journals, may be effective in the selective destruction of certain of these pests, and may offer a new principle of insect control.



## The First

### Dr. "Alice" Lecture

Perhaps Shakespeare's observance, "Frailty, thy name is woman!" was appropriate for the 16th century English woman but for Dr. Alice Hamilton, born in 1869, Virgil's "The leader in the deed, a woman" is far more apt. As the founder of industrial medicine in the U.S. and as the first woman to teach at the Harvard Medical School, Dr. "Alice" is truly a leader in the deed.

It was in 1910, while she was working with Jane Addams at Hull House in the Chicago slums, that Dr. Hamilton began her pioneering work on the deadly poisons found in mines, mills and manufacturing plants. At the request of the Governor of Illinois, she directed the first industrial health survey ever undertaken in this country. Before the memorable survey was completed, the Federal Government asked Dr. Hamilton to do a similar job for them.

Several years later, in 1919, she received what she considers one of her greatest honors; her Harvard appointment as assistant professor of industrial medicine. At the time, Harvard was wary of admitting a woman to the ranks of its faculty. So wary, in fact, that in the alphabetical list published for that year, all the male professors were listed by their full names, including their middle names. But Alice Hamilton was listed merely as, "Hamilton, Dr. A." Dr. Hamilton remained with Harvard until 1935, when she became assistant professor of industrial medicine, emerita, at the Harvard School of Public Health.

In 1959, to honor Dr. Hamilton on her 90th birthday, the School of

Public Health established a fund bearing her name for scholarships and honoraria for lectures. The first Alice Hamilton Lecture was given on May 27, 1965 in the Auditorium of the Children's Cancer Research Foundation, Boston, by her close friend and colleague, Harriet L. Hardy, lecturer on medicine, and chief of the occupational medicine clinic at the Massachusetts General Hospital. Dr. Hardy, who is also assistant medical director in charge of occupational medicine at Massachusetts Institute of Technology, spoke on "Beryllium Disease — Lessons in Control of Man-Made Diseases."

The Alice Hamilton Lecture derives from the Alice Hamilton Fund for Occupational Medicine and was made possible through contributions from Dr. Hamilton's friends, colleagues and students who realize that Dr. "Alice" is truly "a leader in the deed."

*Dr. Harriet Hardy*



## Tons of Pressure

### for CHMC

In the pre-dawn hours of June 25, two flat-bed trucks followed an intricate 20-mile route from East Boston through Chelsea, Everett, Somerville and Cambridge just to reach Boston. They were transporting a gigantic 53-ton pressure chamber to the Children's Hospital Medical Center. Later in the day, two cranes swung the sections over the 30-foot high Ida C. Smith Building and lowered them into a structure built specifically to house the chamber.

The chamber consists of two major sections: one, ball shaped and weighing 32 tons, will be used as an operating room; the other, to be used for treatment and recompression, is tubular and

weighs 21 tons. The chamber has several viewing ports, and a closed circuit television hook-up enables an engineer outside the chamber to monitor the team from his control panel. It is equipped to take the patient and the team to a depth of five atmospheres, the equivalent of 132 feet below sea level. The new chamber replaces an older and smaller one which the Hospital leased from the Harvard School of Public Health.

Investigators will use the chamber to study the effects of hyperbaric oxygenation on the heart and lungs of children, and for heart surgery on patients considered unable to survive surgery in a normal operating environment. They also hope to discover if oxygen ventilation under atmospheric pressure facilitates resuscitation of the heart in the presence of cardiac arrest.

The research, supported in part by a grant from the John A. Hartford Foundation, will be supervised by Robert E. Gross '31, William E. Ladd Professor of Child Surgery and head of Harvard's department of surgery at the Hospital. The principal investigator is William F. Bernhard, clinical associate in surgery.

## Upper & Lower Studies at MGH

Two three-year grants have been made to the Massachusetts General Hospital from the John A. Hartford Foundation, Inc., of New York City. One of \$280,000 will be used for "A Comprehensive Study of Metabolic Aspects of Liver Injury," and will be under the supervision of Kurt J. Isselbacher '50, associate professor of medicine and director of the gastrointestinal unit at the Massachusetts General Hospital. This study is a continuation of a project begun in 1963 with the support of the Hartford Foundation and also under the direction of Dr. Isselbacher.

Since that time, significant evidence has been obtained concerning the mechanism whereby the liver becomes filled with fat when it is injured. Dr. Isselbacher and his associates have found that in animals the liver can be completely protected against this fat accumulation by certain types of chemicals which provide extra energy

## The Old Coat

*John R. Pappenheimer is cheerfully caught wearing his father-in-law's coat, and in fact, he has been wearing it, off and on, for about fifteen years. The coat belonged to Walter Walker Palmer '10, Bard Professor of Medicine at the College of Physicians and Surgeons and it was worn by him during his internship in 1911 and later when he was house physician on the East Medical Service at the Massachusetts General Hospital from 1913-1915. The Bulletin believes it may delight the many friends, colleagues and former pupils of Dr. Palmer to know the coat is still being put to good use by Dr. Pappenheimer, visiting professor of physiology and career investigator of the American Heart Association.*

or fuel for the cell. Because agents used to provide the extra energy for the cell are relatively safe and because of the encouraging data already obtained from animals, Dr. Isselbacher told the *Bulletin* that he now hopes to try these compounds in patients with liver disease and liver coma. In the new study, Dr. Isselbacher said, "We hope our studies will show us how to modify the liver's response to injury and how to more effectively permit the liver to regenerate after disease or after surgical removal of a substantial part of the organ."

The second grant of \$243,291, will be used for "Studies on the Structure, Organization and Composition of Dental Enamel." These studies will be under the supervision of Melvin J. Glincher '50, associate professor of orthopedic surgery and director of the Massachusetts General Hospital's orthopedic research laboratories.

John H. Knowles, General Director of the Hospital, said that although the laboratories are only four years old, "substantial contributions to the understanding of the structure of bone and tooth enamel and their relationship to the mechanism of calcification have already been made." Evidence of this was Dr. Glincher's 1964 "Biological Mineralization Award" from the International Association for Dental Research.



Dr. Glincher and his staff now plan to examine tooth enamel in much greater detail in all stages of its development. They are developing special methods of obtaining extremely thin sections of intact undecalcified teeth. These will be studied by the usual methods of light microscopy, as well as by microradiography, X-ray diffraction, electron microscopy and electron diffraction.

The studies will be performed with the cooperation of the Harvard School of Dental Medicine and the Forsyth Dental Center.





change the lives of one group, if not both?

A case in point is the Harvard Medical Chorus which began as an experiment seven years ago. Today it is a successful School activity and draws its members from the students, faculty and those working in the associated hospitals. It was first organized in 1958 by James E. C. Walker, then instructor in medicine and tutor in medical science. Dr. Walker has been the chorus's guiding light, organizer, fund raiser and occasionally its conductor, but this year, due to commitments elsewhere, he has handed the responsibility to Walter J. Gamble, instructor in pediatrics and assistant in cardiology at Children's Hospital Medical Center.

Both artistically and numerically the chorus has been a huge success. No particular attempts have been made to recruit members, its mere existence during the first year was magnet enough to attract 80 members. Ever since then the membership has been purposefully contained at 120 so that the group could continue to be of manageable size during the hour-long, once a week rehearsals. Three years ago it became necessary to institute try-outs for membership, and last year 160 people "tried out."

The goals of the chorus are simple: to provide an opportunity for young people in medicine to sing good music well and for them to learn and perform music from a variety of traditions and historical periods.

As many as five or six public con-

certs have been given during each School year in such places as the Fogg, Gardner and Fine Arts Museums, at the Boston Pops, on the local radio and in various Boston and Cambridge Churches.

Three conductors have skillfully guided the chorus: Dr. Phyllis Bodel, who was an intern at the Boston City Hospital, Joan Reinthaler, formerly musical director of the Radcliffe Freshman Chorus and Emily Romney, assistant conductor of the Harvard Glee Club-Radcliffe Choral Society. When Dr. Bodel left the chorus in 1959, its apparent potential was obvious, so Dr. Walker sought the advice of G. Wallace Woodworth, Ditson Professor of Music at Harvard. On his recommendation first Miss Reinthaler and then Miss Romey were selected as conductors.

It appears that the Harvard Medical Chorus is well founded, for despite the transient nature of its members — about a 50% annual turnover — there is loyalty and participation, it has guidance from Harvard's Music Department and, most of all, it fulfills the need for musical expression among many people in medicine in the area.

It is not, however, well funded — to all musicians that will be an old and familiar refrain. The members' annual dues of \$5.00 do not cover the expenses and donations are being sought at this time. Checks may be made out, in any amount to: Harvard Medical School (Medical Chorus), and sent to: Harvard Medical School, 25 Shattuck Street, Boston, Massachusetts 02115.

## Everybody Sing

It would be interesting if someday, someone, preferably a professional musician, would explain why it is so many doctors and scientists are either good amateur musicians or avid listeners to music. The extraordinarily high incidence among the latter group leads one to suspect that musicians might immeasurably add to their own incomes if they, in turn, first learned the art of removing an appendix. Surely the empirical value of such a switch might





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